

AIM MEDICAL CHECKLIST

PERSONAL	DATA			
Name:	Last	First	Middle	Preferred
Guard Acade students mus	emy. Please read throust be medically and phy	igh this list very carefull	y. The AIM program is plipation. The Admission s	Program at the U. S. Coast hysically challenging, so taff is not trained to provide
	Refractive error correct		20/400 in either eye. Uncerato-refractive, PRK, lase	orrectable vision to 20/20 in er, or any other corneal
2. Color Vis	sion: Color perception	deficiency, either comple	ete or partial.	
	d Chest: History of As onchitis, reliably diagr		airway disease, exercise i	nduced bronchospasm or
4. Spine and	l other Musculoskeleta	ıl: Scoliosis, likely to imp	pair normal function.	
5. Nervous a five years.	System: Diagnosed sei	zure disorder past the ag	e of five. Medications to	control epilepsy within the past
Please list ar	ny medications you are	currently taking and any	food or contact allergies	you have:
			fy to the best of my judgn demy Summer AIM progr	nent, my son/daughter is in am.
Applica	ant Signature & date		Parent/Gua	rdian Signature & date